

Music for Healing and Transition Program, Inc.

22 West End Road, Hillsdale, NY 12529

518-325-5546 mhpt@mhpt.org

STUDENT APPLICATION - PART I

MHPT is a professional training program. We consider only those 18 years or older.

- Complete parts I and II of the application.
- Obtain two letters of recommendation (personal referrals), with one referral related to your musicianship.
- **IMPORTANT!** Send the application and the non-refundable \$125 registration fee payment (check payable to MHPT), and have the letters of recommendation postal-mailed or emailed by the person writing the recommendation to:

Application Registrar, 632 Ringgold St., Peekskill, NY 10566

email: harpy9@optonline.net

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

How did you find out about MHPT? _____

Where will you be attending MHPT classes? _____

1. What instrument(s) do you play? _____

2. What is your level of proficiency? (Check one) Beginner Beginner/Intermediate
 Intermediate Intermediate/Advanced Advanced

3. Describe your education including workshops, independent study, and continuing education, and other credentials:

4. Describe your work experience:

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STUDENT APPLICATION - PART II

Completely review the MHTP requirements described in the Student Handbook and class descriptions in the Class Brochure, keeping them in mind as you answer the following questions and describe your education and life-experience. The purpose of these questions is to help us better assess your experience, education and goals in order to consider your acceptance in MHTP. Please use additional paper as needed. You will be assigned a MHTP Advisor after you have been accepted into the Program.

1. Do you have any medical, healthcare, hospice, or spiritual care experience or training? If so, please describe.
2. Have you studied anatomy, physiology or human biology? If yes, describe when and where.
3. Have you any experience or credentials in any alternative or complementary health care? Please describe.
4. Please answer each of these questions completely:

What is your musical training or credentials?

Do you improvise?

Do you make your own arrangements?

Do you take lessons?

With who have you studied?

5. Do you have a daily practice for stress-relief? (exercise, yoga, meditation, etc) Please describe your practice.
6. Have you already experienced playing music at the bedside of the ailing? In front of a group? In a public area in health-care facilities? Where? For how long?

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STUDENT APPLICATION - PART II (CON'T)

7. Do you have any credentials from other healing, therapeutic music and/or sound-healing training programs, or have you ever attended another therapeutic music program?

8. Why do you wish to become a therapeutic musician and CMP?

Statement of Agreement

The statements that I have made in this application are true.

I have read and understand the most current MHTP Student Handbook. I agree to abide by the requirements and expectations set forth by MHTP in the Handbook in order to receive my certification as a Certified Music Practitioner. I also agree to follow the policies and procedures as outlined in the Student Handbook, and understand that the Handbook outlines the agreement I make with MHTP, and that MHTP makes with me as a student.

I understand that the Board of Directors reserves the right to change the policies stated in the Student Handbook at anytime, and that I will be notified by the organization of those changes in a timely manner. I understand that failure to follow MHTP policies and procedures will lead to disciplinary action up to and including termination from the program. I understand that MHTP reserves the right to not certify students: due to the nature of this profession, not all people are suited for the work.

The course content and all handouts used in MHTP classes are the copy-righted, intellectual property of MHTP. I will respect those rights and ask permission of MHTP for any use of course content and handouts other than that granted by MHTP to me as a student and graduate.

I understand that I have 3 years in which to complete the Program. If I do not complete the Program in that timeframe, I will be placed in in-active status. If I wish to complete the Program, after the 3-year deadline, I may have to resubmit an application and application fee to the Registrar and may be assigned a new Advisor.

I understand that if I have any questions regarding policy and procedure, that I may ask representatives of MHTP – teachers, Area Coordinators, and my Advisor, (who will be assigned to me). I understand that if I have a specific concern, that my Advisor is always the first person to consult, then the Advisor Administrator, and then finally, the Executive Director of MHTP if the previous persons cannot satisfactorily address my concern...

Student Signature: _____ Date: _____

MHTP encourages students to retain copies of everything they submit (electronically or through the US postal system) during their course of study. Please retain a copy of your completed application for your records.